

FEB 04

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

ARRESTING OFFICER WILL COMPLETE ALL REQUIRED
DATA ON THIS FORM PRIOR TO COMMITTING TO
MCC/MDCs.

Name: Last

First

AKAs:

Race (Check)

Sex (Check)

Ethnic Origin (

☐ B ☐ W ☐ A ☐ I☐ M ☐ F☐ Hispanic or

CHARGES

CHECK CATEGORY OF CHARGE(S):

☐ FELONY☐ MISDEMEANOR☐ CIVIL CONTEMPT☐ MATERIAL WITNESS

OTHER

NARRATIVE:

Title: _____ USC: _____

NARRATIVE:

Title: _____ USC: _____

Date of Offense: _____

Date of Arrest: _____

Place of Arrest: _____

State of Birth

Country of Birth

Citizenship

Current Address

Zip Code

Height
Ft: _____
In: _____

Weight

Hair

Eyes

Scars / Marks / Tattoos

Injuries / Medication

Emergency Contact: (Name, Address, Phone
Number)Arrested
☐ Y ☐ NSentenced
☐ Y ☐ NSpecial Handling: ☐ For ☐ N
Remarks:

IN

IN

IN

IN

IN

Remanding Official (Name)
Sign

Agency/District

Phone/24 Hour Number

Print

OUT

OUT

OUT

OUT

OUT

Removing Official (Name)
Sign

Agency/District

Phone/24 Hour Number

Print

FOR BOP USE ONLY

Receiving Official (Name)
Sign

Date / Time

Releasing Official (Name)
Sign

Date / Time

Print

Print

Sentry Load Data: (Must Initial)
Name Search Completed by:

Clearance/Separate Checked by:

(OPTIONAL USE)

APS Code _____

Staff Init. _____

Add AKA's _____

Create Cash Account _____

Deposit Cash _____ Amt. _____

Detainers _____

Court _____

Clothing Bag # _____

RIGHT THUMBPRINT

Original-for ISM as Remanding-Removal receipt; Copy-for Control as Removal Receipt (NCIC); Copy-For
Removing Official; Copy-for Control as Remanding Receipt (Inmate); Copy-INS-Alien in Custody.

(This form may be replicated via WP)

This form replaces BP-S377(38) and BP-377(56) of JUL 91



Last Name

EPSTEIN

First Name

JEFFREY

Middle Name

EDWARD

Suffix

Ht 6' 0"

Wt 185

Hr GRY

Ey BLU

REG# 76318-054 NYM

76318-054 EPSTEIN

07-08-2018



U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

ARRESTING OFFICER WILL COMPLETE ALL REQUIRED
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MCC/MDCs.

Name: Last EPSTEIN First Jeffrey

AKAs:

Race (Check) Sex (Check) Ethnic Origin ()
B X W A I X M F Hispanic or

CHARGES

CHECK CATEGORY OF CHARGE(S):

X FELONY MISDEMEANOR CIVIL CONTEMPT MATERIAL WITNESS

OTHER

NARRATIVE:

Title: 18

USC: 371

NARRATIVE:

Title: 18

USC: 1531(a), 10121

Date of Offense: Date of Arrest: 7-6-19 Place of Arrest: SDNY

State of Birth NY Country of Birth USA Citizenship Yes Current Address New York, NY Zip Code 10021

Height Ft: 6 In: 0 Weight 185 Hair Gray Eyes Blue Scars Marks / Tattoos None

Injuries / Medication

Emergency contact: (Name, Address, Phone

(b)(6); (b)(7)(C)

Arraigned Y N Sentenced Y N Special Handling: Y or N
Remarks:

IN IN IN IN IN

Remo Sign (b)(6); (b)(7)(C) Agency/District NY PD - FBI - SDNY Phone/24 Hour Number (b)(6); (b)(7)(C)

Print (b)(6); (b)(7)(C)

OUT OUT OUT OUT OUT

Remo Sign (b)(6); (b)(7)(C) Agency/District NY PD - FBI - SDNY Phone/24 Hour Number (b)(6); (b)(7)(C)

Print (b)(6); (b)(7)(C)

FOR BOP USE ONLY

Receive Sign (b)(6); (b)(7)(C) Date / Time 7/6/19 9:00 AM Print (b)(6); (b)(7)(C) Date / Time 7-6-19 9:00 AM

Sentry Load Data: (Must Initial) Name Search Completed by: Clearance/Separate Checked by:

(OPTIONAL USE)

ARS Code

Staff Init.

Add AKA's

Create Cash Account

Deposit Cash Amt.

Detainers

Court

Clothing Bag #

RIGHT THUMBPRINT

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U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

ARRESTING OFFICER WILL COMPLETE ALL REQUIRED DATA ON THIS FORM PRIOR TO COMMITTING TO MCC/MDCs.				Register Number 76318054		P I C T U R E
Name: Last EPSTEIN		First Jeffrey		Middle EDWARD		
AKAs:						
Race (Check) <input type="checkbox"/> B <input checked="" type="checkbox"/> W <input type="checkbox"/> A <input type="checkbox"/> I	Sex (Check) <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Ethnic Origin (Check) <input type="checkbox"/> Hispanic or <input type="checkbox"/> Other	D.O.B. 1/20/53	SSN: 090-44-3348	FBI: INS: Other:	

CHARGES

CHECK CATEGORY OF CHARGE(S):

☒ FELONY ☐ MISDEMEANOR ☐ CIVIL CONTEMPT ☐ MATERIAL WITNESS

OTHER

NARRATIVE: **18**Title: **371 SEX TRAFFICKING CONSPIRACY**NARRATIVE: **18**Title: **158(A), (b)(2) SEX TRAFFICKING OF MINORS**Date of Offense: _____ Date of Arrest: **7-6-19** Place of Arrest: **Bergm CH, NJ**

State of Birth NY	Country of Birth USA	Citizenship Yes	Current Address 9 E 71 Street New York, NY	Zip Code 10021
Height Ft: 6 In: 00	Weight 185	Hair GRY	Eyes BLUE	Scars / Marks / Tattoos N/A
Injuries / Medication N/A			Emergency Contact: (Name, Address, Phone) (b)(6); (b)(7)(C)	
Arrested <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Sentenced <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Special Handling: <input type="checkbox"/> Y or <input checked="" type="checkbox"/> N Remarks:		

IN	IN	IN	IN	IN
Remanding Official (Name) Sign Print		Agency/District		Phone/24 Hour Number
OUT	OUT	OUT	OUT	OUT
Removing Official (Name) Sign Print		Agency/District		Phone/24 Hour Number

FOR BOP USE ONLY

Receiving Official (Name) Sign Print	Date / Time	Releasing Official (Name) Sign Print	Date / Time
Sentry Load Data: (Must Initial) Name Search Completed by: Clearance/Separate Checked by:		(OPTIONAL USE) ARS Code _____ Staff Init. _____ Add AKA's _____ Create Cash Account _____ Deposit Cash _____ Amt. _____ Detainers _____ Court _____ Clothing Bag # _____	RIGHT THUMBPRINT

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